



Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF VIGAN CITY

DIVISION MEMORANDUM NO. 524, S. 2025

2508-747

**ROUTINE SCREENING OF RAPID HEEADSSS (HOME, EDUCATION,
EMPLOYMENT, EATING, ACTIVITIES, DRUGS, SEXUALITY,
SUICIDE DEPRESSION AND SAFETY)**

TO: Assistant Schools Division Superintendent
Chief Education Supervisor-SGOD & CID
Public Elementary and Secondary School Heads
Registered Guidance Counselors, School Mental Health Coordinator,
School Guidance Designate
All Others Concerned

1. In reference to DepEd Memorandum No. 50, s. 2025, on the Learners' Health Assessment and Screening for SY 2025-2026, schools are advised to begin the routine screening using the Rapid HEEADSSS tool for all learners starting August 11, 2025, and onwards.
2. The routine screening aims to ensure that all learners undergo a systematic psychosocial and mental health assessment using age-appropriate tools on a regular basis. These screenings shall be part of the routine services and will continue to be available in school-based health facilities.
3. The target populations for the Rapid HEEADSSS Assessment are *Grade 4 to 12* including *Alternative Learning System (ALS) learners*. The screening tool will be administered by Registered Guidance Counselors, School Mental Health Coordinator and School Guidance Designate.
4. For inquires please contact, *Dr. Arlyn D. Batulan* and *Ms. Maria Korynne P. Taborda* at mobile numbers 09771031648 and 09353915611, respectively.
5. Enclosed is a copy of the Rapid HEEADSSS tool for your reference. The checklist for the routine screening can be accessed through the following link: <https://tinyurl.com/OKD-Programs> (under the folder: *Adolescent Reproductive Health Program [ARH]*).
6. Immediate dissemination of this Memorandum is desired.



VILMA D. EDA, CESO V
Schools Division Superintendent

Enclosure #

Rapid HEEADSSS

Pangalan										
Kapanganakan				Edad			Kasarian			
Tirahan										
Cellphone				Email						
Baitang	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> ALS
Pangalan ng Paaralan										
Ang checklist ay ginamit sa...	<input type="checkbox"/> Taunan/routine screening sa pagbubukas ng klase <input type="checkbox"/> Catch-up screening (sa hindi nakapag-routine screening) <input type="checkbox"/> Walk-in sa: () school clinic () guidance office/care center () teen center <input type="checkbox"/> School activity									
Pangalan ng gurong tagapayo/kawani ng paaralan na nag-administer ng checklist										
Petsa kung kailan sinagutan ang checklist										

**PANUTO: Sagutin nang TAPAT ang mga sumusunod na katanungan.
Ang mga sagot ay CONFIDENTIAL.**

1. Ikaw ba ay nakaranas ng pananakit o pananakot sa inyong tahanan/bahay?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
2. May mga pagkakataon ba na pinag-isipan mong maglayas o umalis ng inyong bahay?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
3. Nakaranas ka ba ng bullying, pananakit o pananakot sa paaralan?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
4. May pagkakataon ba na seryoso mong naisip na wakasan ang iyong buhay?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
5. Naninigarilyo ka ba o gumagamit ng vape?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
6. Umiinom ka ba ng alak?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
7. Nakakita ka na ba ng mga ipinagbabawal na "gamot" o drugs?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
8. Ikaw ba ay nakaranas ng magka-boyfriend/girlfriend?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
9. Ikaw ba ay nakaranas ng makigpag sex o makipagtalik?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
• Sino o kanino?		
• Ilan ang naging sex partners mo sa nakaraang 6 na buwan?		
10. Nakaranas ka ba na ikaw ay pinilit makipag sex?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
11. Ikaw ba ay nakaranas nang mabuntis, o makabuntis?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo
12. Gusto mo bang mag pa counsel o komunsulta para matulungan ka?	<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo

PAALALA: Ibalik sa envelope na **nakatupi** at nakaselyo gamit ang tape o stapler.

Gupitin ang bahaging ito at gawing batayan kung kailangang tumawag sa inyong school counselor, guidance advocate, DepEd doctor/nurse o school health focal:

Maari kang tumawag kay/sa: _____
Pangalan at Contact Number

o mag-email sa: _____ o bumisita sa Official Facebook/Social Media Page: _____.